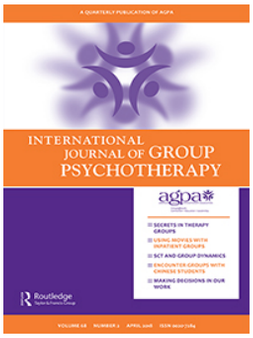

International Journal of Group Psychotherapy

ISSN: 0020-7284 (Print) 1943-2836 (Online) Journal homepage: https://www.tandfonline.com/loi/ujgp20

Leading Equine-Assisted Mental Health Groups: An Exploratory Survey of Practitioner Characteristics, Practices, and Professional Development

Katy Schroeder, Daniel Stroud & Phyllis Erdman

To cite this article: Katy Schroeder, Daniel Stroud & Phyllis Erdman (2018) Leading Equine-Assisted Mental Health Groups: An Exploratory Survey of Practitioner Characteristics, Practices, and Professional Development, International Journal of Group Psychotherapy, 68:2, 204-214, DOI: 10.1080/00207284.2017.1417737

To link to this article: https://doi.org/10.1080/00207284.2017.1417737

Published online: 16 Mar 2018.

International Journal of Group Psychotherapy, 68: 204–214, 2018

ISSN: 0020-7284 print/1943-2836 online
DOI: https://doi.org/10.1080/00207284.2017.1417737

BRIEF REPORTS

Leading Equine-Assisted Mental Health Groups: An Exploratory Survey of Practitioner Characteristics, Practices, and Professional Development

KATY SCHROEDER, PH.D., NCC
DANIEL STROUD, PH.D.
PHYLLIS ERDMAN, PH.D.

ABSTRACT

This exploratory survey was an investigation of practitioner and practice characteristics of clinicians (N = 24) involved in the provision of equine-assisted mental health (EAMH) groups. We focused on practitioner education, credentialing, clinical experience, approach, and perceived self-efficacy, as well as specific group characteristics concerning type, duration, and clinical populations served. Results, limitations, and future directions are provided, with an overall aim of contributing to the development and progression of this increasingly used group approach.

Katy Schroeder is an Assistant Professor in the Department of Animal and Food Sciences at Texas Tech University in Lubbock, Texas. Daniel Stroud is in private practice. At the time of this study, he was an Assistant Professor in the Department of Teacher and Counselor Education at Oregon State University–Cascades in Bend, Oregon. Phyllis Erdman is Executive Associate Dean for Academic Affairs at Washington State University in Pullman, Washington.

The evolution of group work practice has led to much eclecticism (Scheidlinger, 2000), and now includes the more recent introduction of animal-assisted group interventions (Perry, Rubinstein, & Austin, 2012). Further, group therapy involving equine-assisted mental health (EAMH) interventions is increasingly being mentioned in the literature. EAMH services are defined as specialized psychotherapy or counseling approaches provided by a licensed mental health professional who may collaborate with an equine professional to conduct sessions (Hallberg, 2018). Horses' participation in clinical treatment has been observed to add novel interactive components to the group milieu, and their sociability provides clients with rich opportunities to build self-and-other awareness (Schroeder & Stroud, 2015).

Leading groups is a complex endeavor. Clinicians must have advanced knowledge about interpersonal communication and group dynamics, as well as effectively apply group leadership skills and interventions (Rubel & Kline, 2008). Relatedly, researchers have posited that group work leaders' self-efficacy beliefs influence the degree to which they consider themselves capable of effectively navigating the complexities associated with leading groups (Midgett, Hausheer, & Doumas, 2016; Ohrt, Robinson, & Hagedorn, 2013; Page, Pietrzak, & Lewis, 2001). EAMH practitioners must also demonstrate a specialized skill set, one that encompasses both general counseling skills and expertise in equine behavior, training, and care, as well as knowledge about the dynamics between humans and horses (Hallberg, 2018; Stewart, Chang, Parker, & Grubbs, 2016).

To date, several unpublished studies have explored different facets of EAMH service delivery in general (e.g., Gergley, 2012; Gresham, 2014; McConnell, 2010); however, we were unable to find any published articles that focused on EAMH group work practices or on practitioners' beliefs about their ability to apply group leadership skills in this setting. Literature in this area is important due to the increasing number of published studies involving EAMH group interventions (e.g., Kemp, Signal, Botros, Taylor, & Prentice, 2014; Shambo, Seely, & Vonderfecht, 2010; Whittlesey-Jermone, 2014). Therefore, our objectives for this Brief Report were to: (a) describe characteristics of EAMH group leaders; (b) understand characteristics of EAMH groups; (c) determine

practitioners' perceived challenges and training needs; and (d) discover how practitioners rated their self-efficacy for leading groups.

METHOD

Participants

Survey respondents were 24 mental health practitioners residing in the United States who were involved in the delivery of EAMH groups. A majority of respondents identified as female and Caucasian, and they ranged in age from 25–70 years old ($M = 46.04$, $SD = 13.73$). Most respondents indicated having a master's level education, with one indicating a post-master's degree and six indicating a doctoral degree (Table 1).

Instrumentation

We designed a 36-item survey to assess characteristics of practitioners who utilize EAMH groups in clinical practice. Items were developed based on previous survey research (e.g., Gergley, 2012; Gerrity & Mathews, 2006; McConnell, 2010; Steen, Bauman, & Smith, 2008). A panel of four EAMH professionals reviewed the survey items. Items included respondents' demographic information and details about their group work education and leadership experiences, followed by items about the EAMH groups they led and their continuing education needs. Two open-ended questions prompted respondents to describe challenges they experienced when facilitating equine-assisted groups and general comments about leading groups in this specialized setting.

The Group Leader Self-Efficacy Instrument (GLSI; Page et al., 2001). The GLSI is a 36-item self-report instrument measuring respondents' confidence in using group leadership skills. Items address group leader microskills, process skills, and diversity competencies. Respondents rate items using a 6-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree). The reliability and validity of GLSI scores were established through factor analyses of scores from normative samples of graduate counseling students

TABLE 1. Respondent Characteristics ($N = 24$)

Characteristic	*M* (*SD*)
Age	46.04 (13.73)
	n (%)
Gender	
Female	23 (96)
Male	1 (4)
Country	
United States	24 (100)
*Racial/ethnic identity	
Caucasian	22 (92)
Hispanic/Latino	2 (8)
Asian	1 (4)
Education	
Master's (e.g., M.S., M.A., M.Ed.)	16 (66)
Doctorate (e.g., Ph.D., Ed.D, PsyD)	6 (25)
Other (e.g., Ed.S., Ph.D. candidate)	2 (8)
Primary area of clinical practice	
Professional counseling	11 (46)
Social work	3 (13)
Psychology	4 (17)
Marriage and family therapy	3 (13)
Other	3 (13)
Practitioner status	
Graduate student	3 (13)
Post-degree, pre-licensed clinician	4 (17)
Licensed/credentialed clinician	15 (63)
Other	2 (08)
Post-degree clinical experience	
None (currently student)	3 (09)
Less than 1 year	2 (08)
1–5 years	4 (17)
6–10 years	7 (29)
11–19 years	4 (17)
20+ years	4 (17)

Note. Percentages are rounded and do not necessarily total 100%. *Respondents were allowed to select more than one category, and one respondent in the sample identified with two racial/ethnic categories.

($n = 113$; $n = 55$, respectively; Page et al., 2001). Scores were deemed to be internally consistent ($\alpha = .95$) and test-retest reliable ($r = .72$).

Cronbach's alpha based on GLSI scores from respondents in the present study indicated good reliability ($\alpha = .83$).

Procedure

Following institutional review board approval, we posted an invitation to participate in the study to EAMH–related social media discussion groups, professional listservs, and mailing lists, followed by participation reminders. The invitation included a URL link for secure online access via Qualtrics to the following study materials: (a) cover letter explaining the research, (b) survey, and (c) GLSI instrument. Data were downloaded from Qualtrics into Microsoft Excel for analyses conducted with the Real Statistics Resource Pack software (Zaiontz, 2016). We analyzed qualitative items by identifying themes from respondents' statements, assigning descriptive labels to each statement, and sorting responses into categories.

RESULTS

Practitioner Characteristics

Practitioner characteristics are presented in Table 1. Nearly half ($n = 11$, 46%) of the respondents indicated professional counseling (e.g., LPC) as their primary area of clinical practice. Other professions included social work ($n = 3$, 13%), marriage and family therapy ($n = 3$, 13%), and psychology ($n = 4$, 17%). Practitioners' amount of overall post-graduate clinical experiences ranged from none ($n = 3$, 13%) to 20 years or more ($n = 4$, 17%).

Characteristics of Groups Led by EAMH Practitioners

Group characteristics appear in Table 2. On average, respondents led groups with six to seven members ($M = 6.54$, $SD = 1.74$). For survey questions about types of groups led (e.g., psychoeducation) and client information (i.e., populations, presenting concerns, and age groups), practitioners were allowed to make multiple selections within each question. Results indicated that practitioners predominately led psychotherapy groups ($n = 19$, 79%) and provided groups to clientele

TABLE 2. Characteristics of Groups Led by EAMH Practitioners (*N* = 24)

	***M* (*SD*)**
Number of group members (i.e., clients, patients)	6.54 (1.74)
*Types of groups led	*n* (%)
Psychotherapy	19 (79)
Counseling	14 (58)
Psychoeducation	17 (71)
Work/task	9 (38)
Other	3 (13)
*Age range of those receiving services	
Children (12 years or younger)	11 (46)
Adolescents (13–17 years)	22 (92)
Young adults (18–25 years)	14 (58)
Adults (26–64 years)	17 (71)
Seniors (65+ years)	2 (08)
*Populations served	
Couples (i.e., multi-couple groups)	7 (29)
Families (i.e., multi-family groups)	8 (33)
Military	12 (50)
Incarcerated youth	9 (38)
Autism spectrum	7 (29)
Severe/persistent mental illness	10 (42)
Other	16 (67)
*Presenting concerns addressed	
Anxiety	22 (92)
Depression	22 (92)
Trauma (includes trauma from interpersonal violence)	22 (92)
Substance-related and addictive disorders	10 (42)
Feeding and eating disorders	6 (25)
Grief and loss	18 (75)
Work/career-related	8 (33)
Academic	8 (33)
Other	5 (21)

Note. *Respondents were allowed to make multiple selections; therefore, the percentages within each question do not necessarily total 100%.

across the lifespan, with groups for adolescents reported the most frequently (n = 22, 92%). The most common clinical concerns addressed with EAMH groups were anxiety, depression, and trauma.

Additional EAMH Practitioner and Group Characteristics

Most respondents had between one and ten years of experience providing EAMH services (n = 17, 71%). A majority of respondents (n = 20, 83%) indicated they led EAMH groups with an equine professional. Regarding co-leadership with another mental health professional, responses were "always" (n = 4, 17%), "most of the time" (n = 6, 25%), "sometimes" (n = 10, 42%), and "never" (n = 4, 17%). The most frequently reported duration and length of EAMH groups were 5 to 8 sessions and 1.5 hours. Respondents' theoretical orientations varied, with the three most frequently reported approaches being cognitive behavioral (n = 10, 42%), solution-focused (n = 6, 25%), and person-centered (n = 6, 25%).

Group Leadership Experiences and Group Leader Self-Efficacy

Regarding group leadership experience, a majority of respondents (n = 23, 96%) had led groups without animal assistance. Nearly two-thirds of respondents (n = 15, 63%) had facilitated more than eight equine-assisted groups over their careers. GLSI scores of the sample ranged from 157 to 216 (M = 186.3, SD = 16.9). This result suggests that, on average, EAMH practitioners generally felt confident about applying basic group leadership skills in equine-assisted groups. In comparison, Page and colleagues (2001) reported an average GLSI score of 171.8 for a sample of graduate student counseling trainees (n = 55).

Practitioners' Comments

Twenty-one respondents provided brief statements regarding what they found most challenging about leading equine-assisted groups. General themes centered on logistical issues, such as the lack of qualified support staff (e.g., equine handlers) and funding difficulties. Respondents also mentioned challenges with irregular attendance patterns of group members and managing group dynamics. Six respondents provided comments to the prompt, "What other information would you like to provide about leading equine-assisted groups?" The primary theme from respondents was a call for collaboration among peers in the field.

DISCUSSION

The addition of horses to the group therapy milieu provides a unique treatment service; however, information concerning the characteristics of practitioners who provide these services has been limited. Our study provided an initial snapshot of some of the practitioners who facilitate EAMH groups. An interesting finding was the diversity of group leadership experiences among respondents. Practitioners led multiple types and lengths of groups for a variety of ages and client populations, suggesting that perhaps this modality could have a number of useful clinical applications. A majority of respondents had led groups for special populations, such as trauma survivors. Future studies might explore this area of EAMH group work further, as there are relatively few outcome studies supporting EAMH groups for trauma (Earles, Vernon, & Yetz, 2015; Kemp et al., 2014; Shambo et al., 2010; Whittlesey-Jermone, 2014) and little, if any, corresponding resources available to inform best practices in EAMH trauma group facilitation.

Another area to explore further is training EAMH group practitioners. A number of our survey respondents (n = 12) reported that experiential workshops would be the most helpful continuing education experience for leading EAMH groups, followed by clinical supervision (n = 6). This information is helpful to keep in mind, as previous empirical studies have indicated that experiential activities, continuing education, and supervision had positive effects on group leader self-efficacy (Midgett et al., 2016; Ohrt et al., 2013; Springer, 2016; Zordan et al., 2010). Given that the EAMH field lacks widely accepted standards for training practitioners (Hallberg, 2018), we believe it is important to include more group work training in developing best practices for leading EAMH groups.

LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

The primary limitations of this report related to difficulties in locating and sampling persons who lead EAMH groups, using a web-based survey format to collect data, the small convenience sample of practitioners, and the one-time administration of the GLSI instrument. Consequently, more studies are needed to link practitioner

characteristics, including their leadership styles and choices of group delivery method, with EAMH group intervention outcomes. To expand upon this study's findings, we suggest several directions for future investigations.

First, while GLSI results suggested that practitioners felt confident about leading EAMH groups, our visual analysis of the raw data set indicated that some practitioners scored below the sample average despite having six years or more of post-graduate clinical experience. As such, practitioners' self-efficacy for leading groups might be an area ripe for exploration. Future studies could include designs that assess self-efficacy in relationship to other domains (e.g., personality), and triangulate leaders' perceived self-efficacy with client outcomes. Researchers could also assess types of continuing education experiences EAMH practitioners access, and their perceptions about the usefulness of these experiences through pre-post or repeated measures research designs with larger sample sizes to analyze differential outcomes of specific training strategies. Lastly, qualitative studies (e.g., grounded theory) could be beneficial in deepening our understanding of the process behind EAMH group work practice. We hope researchers will expand upon the preliminary findings in this survey by designing studies to assess more nuanced aspects of EAMH group work.

REFERENCES

Earles, L. J., Vernon, L. L., & Yetz, J. P. (2015). Equine-assisted therapy for anxiety and posttraumatic stress symptoms. *Journal of Traumatic Stress, 28*, 149–152. doi:10.1002/jts.21990

Gergely, E. J. (2012). *Equine-assisted psychotherapy: A descriptive study* (unpublished doctoral dissertation). Western Michigan University, Kalamazoo. Retrieved from http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1111&context=dissertations

Gerrity, D. A., & Mathews, L. (2006). Leader training and practices in groups for survivors of childhood sexual abuse. *Group Dynamics: Theory, Research, and Practice, 10*(2), 100–115. doi:10.1037/1089-2699.10.2.100

Gresham, H. (2014). *Practice patterns of equine-assisted psychotherapists* (unpublished master's thesis). University of Kentucky, Lexington. Retrieved from http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1014&context=hes_etds

Hallberg, L. (2018). *The clinical practice of equine-assisted therapy*. New York, NY: Routledge.

Kemp, K., Signal, T., Botros, H., Taylor, N., & Prentice, K. (2014). Equine-facilitated therapy with children and adolescents who have been sexually abused: A program evaluation study. *Journal of Child and Family Studies, 23*, 558–566. doi:10.1007/s10826-013-97181

McConnell, P. (2010). *National survey on equine-assisted therapy: An exploratory study of current practitioners and programs* (unpublished doctoral dissertation). Walden University, Minneapolis. Retrieved from http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=1795&context=dissertations

Midgett, A., Hausheer, R., & Doumas, D. M. (2016). Training counseling students to develop group leadership self-efficacy and muliticultural competence through service learning. *The Journal for Specialists in Group Work*, 1–21. doi:10.1080/01933922.2016.1186765

Ohrt, J. H., Robinson, E. H., & Hagedorn, W. B. (2013). Group leader development: Effects of personal growth and psychoeducational groups. *Journal for Specialists in Group Work, 38*(1), 30–51. doi:10.1080/01933922.2012.732982

Page, B. J., Pietrzak, D. R., & Lewis, T. F. (2001). Development of the group leader self-efficacy instrument. *Journal for Specialists in Group Work, 26*(2), 168–184. doi:10.1080/01933920108415736

Perry, D., Rubinstein, D., & Austin, J. (2012). Animal-assisted group work in mental health settings: An initial model. *Alternative and Complementary Therapies, 18*(4), 181–185. doi:10.1089/act.2012.18403

Rubel, D. J., & Kline, W. B. (2008). An exploratory study of expert group leadership. *Journal for Specialists in Group Work, 33*(2), 138–160. doi:10.1080/01933920801977363

Scheidlinger, S. (2000). The group psychotherapy movement at the millennium: Some historical perspectives. *International Journal of Group Psychotherapy, 50*(3), 315–359. doi:10.1080/00207284.2000.11491012

Schroeder, K., & Stroud, D. (2015). Equine-facilitated group work for women survivors of interpersonal violence. *Journal for Specialists in Group Work, 40*(4), 365–386. doi:10.1080/01933922.2015.1082684

Shambo, L., Seely, S. K., & Vonderfecht, H. R. (2010). A pilot study on equine-facilitated psychotherapy for trauma-related disorders. *Scientific and Educational Journal of Therapeutic Riding, 16*, 11–23.

Springer, S. I. (2016). Examining predictors of group leader self-efficacy for preservice school counselors. *Journal for Specialists in Group Work, 41*(4), 286–311. doi:10.1080/01933922.2016.1228723

Steen, S., Bauman, S., & Smith, J. (2008). The preparation of professional school counselors for group work. *Journal for Specialists in Group Work, 33* (3), 253–259. doi:10.1080/01933920802196120

Stewart, L. A., Chang, C. Y., Parker, L. K., & Grubbs, N. (2016). *Animal-assisted therapy in counseling competencies.* Alexandria, VA: American Counseling Association, Animal-Assisted Therapy in Mental Health Interest Network.

Whittlesey-Jermone, W. K. (2014). Adding equine-assisted psychotherapy to conventional treatments: A pilot study exploring ways to increase adult female self-efficacy among victims of interpersonal violence. *The Practitioner Scholar: Journal of Counseling and Professional Psychology, 3*(1), 82–101.

Zaiontz, C. (2016). *Real statistical analysis using Excel.* Retrieved from www.real-statistics.com

Zordan, R. D., Juraskova, I., Butow, P. N., Jolan, A., Kirsten, L., Chapman, J., . . . Sundquist, K. (2010). Exploring the impact of training on the experience of Australian support group leaders: Current practices and implications for research. *Health Expectations, 13,* 427–440. doi:10.1111/j.1369-7625.2010.00592.x

Katy Schroeder, PH.D., NCC
Texas Tech University
1308 Indiana Avenue
Lubbock, TX 79049
E-mail*: katy.schroeder@ttu.edu*